PROCEEDINGS

OF THE

WESTMINSTER MEDICAL SOCIETY.

SESSION 1848-9. No. 1.

October 21, 1848.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

THE Society commenced its meetings for the season this evening. The President, on taking the chair, delivered an inaugural address on the present state of the Society, which, he reported, was in every way prosperous. In the course of his remarks, Dr. Webster made the following observations with reference to the health of the metropolis, especially in regard to the recent epidemics of Cholera and Scarlatina:—

"Before dismissing the subject of cholera, it must be interesting for the fellows to know that, notwithstanding the anxiety now prevalent respecting that malignant disease, it hitherto has not made much progress in the metropolis; and that if its present fatality be compared with other epidemic maladies, we have as yet really not much cause for alarm, for during the six weeks ending on Saturday, the 16th of October, 1847, the number of fatal cases of this disease in London was twenty-six; whilst the total number of deaths caused by the same malady throughout the entire metropolitan population, during the six weeks ending on Saturday last, the 14th instant, amounted to sixty-seven, being, as yet, only a little more than double the mortality by cholera during the same number of weeks in the previous year. Compared with this, it is instructive to mark the different results observed in another epidemic now prevailing in London with great severity, but which, notwithstanding, does not call forth much remark, or cause anxiety to the extent it deserves—I mean scarlatina, also discussed last year in the Society; but which, unfortunately, is now so malignant, that hundreds of victims have been recently sent to an untimely grave, according to the registrar-general's reports. In these tables it is stated, that during the six weeks terminating on Saturday, the 16th of October, 1847, already quoted in reference to cholera,

302 individuals died in London from scarlatina; whereas, during the six weeks ending on Saturday last, the 14th instant, as many as 972 persons have sunk under that virulent complaint; or upwards of quadruple the average mortality by the same disease in the previous five autumns. Without undervaluing the importance of the epidemic which at present attracts so much notice, I think such a dangerous malady as scarlatina deserves even as great attention from medical men and the public as cholera—more especially since the subjects of its attacks are usually children, or young people just entering upon the morning of life; whereas the victims of cholera are generally drunkards and persons of worn-out constitutions, or those who have set every hygienic rule at defiance. Although scarlatina is a disease of frequent occurrence in this country, and although it annually carries off thousands of individuals, hitherto, no boards of health have existed; no quarantine laws, and very few sanitary measures, have been put in force by public bodies for preventing its approach, notwithstanding its highly infectious nature. But this is only another illustration of the prevailing disposition, in the minds of many persons, to view whatever is familiar with indifference, whilst anything new or uncommon is sure to attract attention. It will also be instructive to recall to our recollection the recent invasion of the epidemic influenza, which was so fatally prevalent in the metropolis at the early part of last winter, 1213 persons having died from that complaint during six weeks ending on Saturday, the 8th of January last. At the same time, the total deaths registered from all causes were increased to an extraordinary extent, being so high as 2454 in one week, and 2416 in the subsequent—instead of 1046, the ordinary weekly average of previous seasons. Contrasted with this plague-like mortality, it must be gratifying to hear that London, comparatively speaking, is not at present unusually unhealthy, notwithstanding the actual presence of cholera, the great malignity of scarlatina, and the prevalence of typhus, by which disease 424 persons have died in the metropolis during the last six weeks, instead of 260, the averaged deaths by typhus of a similar period during the five preceding autumns. Such facts are important; and although the cholera now occasions considerable anxiety, the total deaths from all causes, throughout the metropolitan population, have actually diminished, especially during the last fortnight, notwithstanding the prevailing epidemics. This satisfactory state of the public health in London is proved by the mortality tables, which show that instead of the weekly average of 1154 deaths, as in the last five seasons, during the week ending on Saturday, the 7th October instant, 1005 persons died from all causes in the metropolis, and only 991 in the week terminating last Saturday, the 14th: thus making an actual diminution of not less than 312 deaths in the two weeks now referred to, being an increase of fifteen and a half per cent. last year over the two similar weeks of the present season. I now mention these important facts to the Society not to paralyze exertion, but as useful statistical data, to

which reference should be made in order to arrive at correct conclusions when an epidemic like the cholera prevails in the community; and to show how far the average mortality is thereby affected."

Mr. Hancock exhibited an apparatus for relieving the breast when over-distended with milk.

It consisted of a very stout bottle, surrounded by a ring, with an ivory shield, which firmly fitted the nozzle. The bottle having been filled with boiling water, to heat it, was to be emptied, the ivory shield replaced, and the mouth-piece placed against, but not pressed upon, the nipple, which would be immediately drawn out, as well as some of the superabundant milk.

Mr. I. B. Brown related a case of Prolapsus of the Funis at the expiration of the third month of Utero-gestation.

The patient was thirty years of age, and the mother of three children. She was threatened with abortion, and after two or three attacks of hæmorrhage, attended with expulsive pains, the funis was found to be presenting in a loop. The following day a severe pain came on, and the cord burst. This was followed by profuse hæmorrhage, and the expulsion of the fœtus. The placenta, which was adherent to the fundus uteri, was removed under the influence of chloroform, by introducing two fingers within the uterus. Both placenta and child were nearly bloodless.

Mr. Hird read a paper on the Pathology and Treatment of Cholera.

He commenced his observations with a description of the leading symptoms which characterize the disease, and dwelt upon the differential diagnosis between the malignant or Asiatic cholera, and the ordinary autumnal affection observed in this country. The symptoms by which the malignant form may be recognised he stated to be,—the absence of bile, both in the matters vomited and discharged from the bowels—the suppression of urine—the cold breath—the veiled unearthly voice—the rapid sinking of the heart's action—and the great fatality of the disease.

In speaking of the mode of invasion, the author stated that, as a rule, the disease is preceded by an attack of diarrhœa, which may continue for an hour or two, or may be protracted to one, two, or three days, before the symptoms characteristic of the pestilential malady develop themselves. He observed that this diarrhœa should never be overlooked, and that the absence of pain was no proof that it would not terminate in cholera.

He divided the disease into three stages—the first, diarrhœal or premonitory; the second, or algide stage, marked by great depression, and by the peculiar dejections, of a watery character, loaded with flakes of whitish matter, which under the microscope appear to be composed of cells, rather larger in size than exudation corpuscles, of scaly epithelium, of a few blood corpuscles, and of other

matters, differing in each individual case, according to the severity of the symptoms; and the third stage, indicative of reaction.

When alluding to the question of contagion, the author stated that, although the disease did not usually spread from person to person so rapidly as scarlatina, small-pox, or measles, it was very analogous, in reference to the mode by which it may be communicated, to typhus fever, erysipelas, &c. A patient labouring under typhus, when conveyed into a good-sized and well-ventilated apartment, he stated, would rarely communicate the disease to the attendants; whereas, the same patient, placed in an unfavourable locality, and surrounded by poverty and distress, would very probably spread the disease to those persons in attendance at the sick bed. Cholera he believed to be contagious, and that it had been traced to spread in accordance with the ordinary laws of contagion. The frequent immunity from the disease of the professional and other attendants, he considered no proof of the non-contagious nature of the disease, for the same objection might be adduced by every experienced practitioner against the contagiousness of any of the acknowledged infectious diseases. The Central Board of Health had acted, he considered, most injudiciously in issuing their manifesto for the information of the public, in which they state that no danger is to be apprehended from cholera spreading in consequence of the association of the healthy with the sick.

The leading symptoms of the disease, the mode of its fatal termination, and more especially the spontaneous favourable termination occasionally observed, under every variety of treatment, all tend, in the author's opinion, to assimilate it to the effects of poisons on the animal economy.

However great the obscurity may be which overhangs the question respecting the generation or exciting cause of cholera, he stated that most satisfactory evidence can be adduced to prove that many circumstances predispose the human body to its influence, and render it more than usually susceptible of the disease. Those who exceed in spirits and wines—in fruits and unwholesome food—the debilitated from any cause—the poor, who live in unhealthy, badly-drained, and ill-ventilated residences—and especially those who have suffered from previous diarrhœa, rarely escape when the pestilence prevails.

The author next proceeded to detail the post-mortem appearances which he had observed in several fatal cases of the disease. In those who died during the algide stage, the body had undergone great diminution in bulk, and become almost as emaciated as a body in the last stage of consumption; the peculiar blue colour of the skin frequently disappeared shortly after death; the temperature of the surface of one or two bodies increased for a short time after death; quiverings of the muscles, and sometimes even distinct movements of the limbs took place for an hour or two after all signs of animation had departed. The shrivelled appearance of the hands resembled those of a washerwoman.

In the chest, in most of the cases, slight effusions of blood were

found on the heart, and on the pneumo-gastric and sympathetic nerves. Dark viscid blood filled the cavities on the right side of the heart; in one or two instances coagula were found. The cavities on the left side were generally nearly empty, containing only a small quantity of thick, black blood. The aorta and its large branches were also nearly empty. The lungs and pulmonary arteries were gorged with very dark, treacly-looking blood, and spots of ecchymosis were observed, in two or three of the bodies examined, between the pleura and parenchyma of the lungs.

In the abdomen there was great venous congestion. In the cava, iliac and portal veins, the blood was black and tenacious. The liver was congested, and the gall-bladder distended with green or dark yellow bile, of a ropy character. The mucous glands of the intestines stood out in bold relief; the agminated and solitary, as well as those of Brunner, being enlarged; and the epithelium, in many of the most severe cases, was completely stripped off the mucous membrane. The kidneys, and the whole genito-urinary mucous membrane, were vastly congested, and the bladder much diminished in size.

On examining the brain, medulla spinalis, and their envelopes, in the cases which terminated fatally during the algide stage of the disease, with the exception of venous congestion, there was found no particular morbid appearances; whereas, when death had occurred subsequent to the establishment of reaction, great vascular turgescence was observed, and in two cases in which coma had existed for some time prior to death, serum was found effused into the ventricles.

From the appearances observed after death, from the mode of development of the disease, and from the peculiar character of the symptoms in its successive stages, the author concluded that the organic nervous centres are, if not primarily, at least consentaneously affected with the blood, and that all remedies should be prescribed with reference to this view of the pathology of the disease. He considered it unphilosophical and irrational to apply our remedial agents with a view to check one or other of the isolated symptoms which manifest themselves in the progress of the disease.

In speaking of the treatment, the author reviewed the various remedies which have been proposed, and stated his conviction that no known therapeutical measures have any *specific power* of counteracting the peculiar agency of the poison. In order to attain even a moderate amount of success in the treatment, he considered it essential that a comprehensive view should be taken of the whole disease, and that special attention should not be directed to any one particular symptom which may show itself during life, or to one particular lesion which may be discovered after death. The disease should not be located in any particular organ, when all are affected; but the leading symptoms during life, and the prominent morbid lesions most frequently observed after death, should be carefully noted, and the effects of medicines in modifying the severity of the symptoms watched most attentively.

Cholera being essentially a disease of depression, of collapse, three grand objects are to be attained in the treatment—viz., the rousing of the vital energies of the patients, so as to enable them to resist the depressing influence of the morbific poison; the arrest of the frequent evacuations from the bowels; and the restoration to a healthy condition of the secretions and excretions of the body.

In the premonitory diarrhœa, the author had found scruple doses of the compound chalk-powder with opium, combined with spirits of ammonia and cinnamon, in the infusion of cusparia, of service. This medicine, with small quantities of brandy at intervals, would frequently prevent the further development of the disease. In cases in which the evacuations were watery and contained little bile, he recommended five grains of calomel and half a grain of opium to be administered immediately, and followed up with a grain of calomel, and two grains of cayenne every ten minutes, quarter, or half hour, in proportion to the severity of the symptoms. He considered that the secretions were more effectually restored by these measures, than by the scruple doses of calomel and two or three grains of opium, which some practitioners had recommended, and that the rapid depression which frequently followed the use of the latter was rarely observed under the former treatment. When the symptoms increased in violence, and were not checked after three or four doses of the above, and the characteristic evacuations and other symptoms which denote the approach of the algide state of the disease had set in, he found the greatest amount of benefit from the use of stimulating emetics of mustard and salt, the application of mustard cataplasms over the region of the heart, and along the course of the pneumo-gastric nerves in the neck; frictions to the extremities, chest, and abdomen; the free use of diluents; turpentine epithems to the abdomen; and a liberal supply of warm clothing and heated air.

After two or three full vomitings had roused the heart's action, and in a measure overcome the disposition to internal congestion, the author recommended the use of the acetate of lead, in doses of two grains every half hour. His experience bore out the favourable opinion formed of this remedy by Dr. Graves of Dublin, who introduced it to the notice of the profession in 1832. In the intervals between each dose he recommended ammonia in five or ten grain doses to be given, or from five to ten drops of chloroform on sugar. The vapour of chloroform had been recommended by some physicians to allay the violence of the spasms. The author stated that he had not had an opportunity of trying its effects, but did not expect from its modus operandi on the healthy body, that it could do more than simply allay the pain in cholera, and might have injurious effects on the action of the heart and nervous system, if given in a dose sufficient to produce anæsthesia.

By the above measures, the functions of the heart and lungs were maintained—internal congestion, as far as possible, prevented, and time thus afforded for the system to overcome the effects of the morbific poison. The acetate of lead, he found, had more power in

checking the constant drain from the system of the elements of the blood, than any other remedy that had been suggested. The treatment by immense quantities of calomel, with the view of forcing the action of the liver, he believed was founded on an erroneous view of the disease. The want of action in the liver was not the cause, but the consequence of the disease, and the deficiency of bile not more important than the deficiency of urine. Both of these secretions, he stated, were restored so soon as the virulence of the disease was overcome, and afforded most certain evidence that the nervous force was returning, and that the vascular and glandular apparatuses were resuming their functions.

During the stage of reaction, the treatment applicable to fever was called for. Blood-letting, the author considered, required the greatest caution in its use ; the abstraction of blood, generally, was almost equivalent to the abstraction of life, and ought never to be resorted to except in young patients, who, previous to the attack, had been in robust health, and when the blood had not been deprived, by frequent and long-continued evacuations, of a large quantity of its serous and saline constituents. Its beneficial influence, even in the class of cases mentioned, was very questionable, and was purely of a mechanical character. The subsequent management of the disease, he stated, required the administration of quinine, and such other treatment, as fevers arising from miasmata. The author objected to the use of *large doses* of opium in every stage of the disease, and also to large quantities of brandy and other powerful stimulants. He believed that when given too freely, they interfere with the restoration of the functions of the several depurating organs,—that they increase the liability to consecutive fever,—and that coma is a much more frequent occurrence when they have been largely administered.

November 4, 1848.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Dr. Willshire exhibited a pocket handkerchief which had been used by a patient labouring under phthisis pulmonalis, and mentioned that the handkerchiefs of two other patients under his care for a similar affection, presented like appearances. These handkerchiefs, into which the sputa were received, became worn very speedily into round holes, as if acted upon by some corrosive substance. No quinine or sulphuric acid had been taken by these patients, nor had these holes been caused by the use of scents. From the form and other appearances these holes presented, and from the inquiries he had made of the patients' friends, Dr. Willshire could not acquiesce in the opinion that they were caused by friction in the process of washing. The sputa had not been analyzed, but to the eye they were similar to the ordinary yellowish-green, roundish sputa of tuberculous disease of the lungs.

Mr. Wade narrated the case of a man who shot himself in the mouth with a pistol.

The lower jaw was fractured near its centre, and the lips and cheeks cut into riband-like strips; the edges of the wound were black and jagged, the two principal lacerations extending from the angles of the mouth to the mastoid processes: the mucous membrane of the whole interior of the mouth and fauces was black and pulpy, and blood freely oozed out, but no open blood-vessels could be detected. It was discovered that the pistol had only been loaded with powder. The fractured ends of the jaw were secured in situ by strong ligatures passed round the teeth, and the wounds of the cheeks and lips were united by stitches; a light bandage was applied and ice employed, and subsequently a piece was placed in the mouth, which checked the hæmorrhage. The next day the patient had considerably improved, and was received at the Westminster Hospital, where, while taking some beef-tea, he fell backwards and expired. Mr. Wade supposed that spasm of the glottis was the cause of his death.

Mr. I. B. Brown read a paper on Scarlatina, with especial reference to its treatment.

He alluded to the great and increasing prevalence of this disease, and adduced statistical facts from the Registrar General's Reports, to show its astonishing fatality.

The character of the disease the author believed to be debility, dependent on the presence of an active morbid poison received into the blood; and that this poison exerts its influence especially on the skin, mucous membrane of the fauces, &c., and on the kidneys, arresting their excreting functions, and causing engorgement, or even inflammation. But although these organs are more particularly involved by the noxious principle, yet the nervous system is remarkably disordered, and a state of nervous prostration induced.

The author then proceeded to point out the treatment he pursues:—His first care is to freely apply a stick of lunar caustic to the tonsils and fauces, even though ulceration be absent, in order altogether to check the formation of ulcers; or if they are already formed, to arrest their progress and accelerate their healing. At the same time he applies to the throat, externally, some stimulating application, or poultices. The medicine first given, is a dose of calomel, followed shortly by a dose of castor oil. The bowels having been acted upon, a course of treatment is commenced, which may be described as of a stimulant character; and such as is indicated by the view of the pathology of the disease entertained. The patient is strictly kept in bed, and sponged with tepid vinegar and water, the hangings about the bed and room removed to facilitate ventilation, and the floor sprinkled with solution of chloride of lime, or with Burnett's Solution. But the distinctive part of the author's treatment consists in the administration of dilute acetic acid, in doses of

half a drachm and upwards, according to age, given in syrup or other convenient vehicle. This medicine is followed by the exhibition of stimulants, as wine or brandy, given with arrow-root, gruel, or with any diluent, together with beef-tea, or veal, or chicken-broth. These stimulant and supporting hygienic measures are, as a rule, commenced on the second day of treatment. The state of the throat is diligently attended to; the tonsils and fauces being sponged two or three times a day with a strong solution of nitrate of silver, (ten grains of the salt to one ounce of water). This application induces a healthy action in the parts, and brings away the viscid mucus which adheres to them, and impedes respiration and deglutition. Not unfrequently, moreover, the caustic solution is advantageously projected by a syringe, through the nostrils, to the upper and back part of the pharynx, in order to remove the acrid, and often sanious discharge which is thrown off from that part and from the posterior nares.

Besides the above remedial measures, recourse to opiates or sedatives is mostly necessary, to produce sleep or allay irritation. Tonics, as bark, may be usefully combined with the acetic acid mixture; and the exhibition of ammonia is indicated where great depression exists.

Although unable to state the modus operandi of acetic acid, Mr. Brown believes it to be a direct stimulant to the skin and kidneys, tending to remove the existing congestion of their vessels. As soon as these excretory organs can be made to act, he considers the danger of scarlatina is passed — *i. e.*, should no extraneous accidental circumstance interfere.

When death takes place, it appears to the author to depend either upon the deadly influence of the poison on the brain and nervous system generally, as seen where coma and delirium supervene in the course of the first three days; or on a mechanical impediment to respiration, from the condition of the fauces, together with the consequent circulation of imperfectly aerated blood, and, probably, the constant re-imbibition of the poison into the circulation, by the necessary passage of the inspired air over the diseased mucous membrane of the tonsils, pharynx, &c.

Coma, or delirium, when present, instead of indicating the employment of venesection, the author believes should be treated by the administration of stimulants and sedatives; and he lays much stress upon the necessity of maintaining an uniform temperature during the whole course of the disease; as any check to the efflorescence may give a fatal turn to the malady, or any exposure to cold, in an after stage, may be followed by dropsy.

Of the last named sequela, not one case in 253 seen by him, occurred. Desquamation was found to be favoured by the use of the warm bath; and until that process is completed, the danger of scarlatina cannot be deemed as past.

The author next proceeded to narrate some severe cases of the disease, occurring in his own practice. The first he mentioned was particularly severe, and desquamation so extensive, that com-

plete and thick casts of the skin of the feet and hands were detached.

In each of the cases the plan of treatment above sketched, was adhered to; the greatest precaution being taken to avoid change of temperature, and to ensure the patient's having a sufficient allowance of nutritious and stimulant substances, to sustain the failing powers of life.

In a concluding observation, Mr. Brown remarked that the specific stimulant influence, supposed by him to be possessed by acetic acid over the skin, might be referred, perhaps, to the chemical composition of acetic acid, an hydrated oxide of a radicle, acetule, which in its chemical relations approaches nearly to ethule, the hypothetical radicle of ether, and indeed belongs to the Ethylic series.

November 11, 1848.

FRANCIS HIRD, Esq., President, in the Chair.

Dr. Woodfall exhibited a gall-bladder and kidney, and read the following account of the case.

The patient was a female, aged thirty-eight, who had been subject, for many years, to disorder of the digestive organs. In March last, she suffered very severely from headache and sickness, but her health improved greatly during a subsequent residence in the country. Early in September, soon after her return to London, she was seized with a violent attack of epistaxis, which was with difficulty controlled, and from which she never fairly rallied. Dr. Woodfall saw her first on October 3rd, and found her very pale, greatly emaciated, and suffering from obstinate vomiting and extreme tenderness in the left hypochondriac region. The urine was pale, clear, and acid, it deposited an abundance of albumen, on the application of heat, and was of specific gravity, 1008. The vomiting and tenderness were soon relieved, but a convulsive attack took place shortly afterwards; the sensorium became affected, the countenance assumed a peculiarly wild and anxious look, though, on the attention being roused, she was able to understand and answer questions. About ten days before death, the conjunctivæ of both eyes became injected with blood; there was a return of epistaxis, pale coloured blood continuing to ooze from the nose for some hours; and there was hæmatemesis. The convulsions recurred at frequent intervals, and after lingering for a long period, death, preceded by coma, took place on October 29th. The urine was usually not deficient in quantity, though, on two or three occasions, none was voided for nearly twenty hours; it became neutral, or even alkaline, but continued to deposit albumen, on the addition of nitric acid; and the last time he examined the specific gravity, about a fortnight before death, it had fallen to 1005. On examination after death, the kidneys were found to be smaller than natural, pale and flabby; the left (the one exhibited)

was smaller than the right. The emulgent artery, where it entered this kidney, was of cartilaginous hardness, and the vein was partially blocked up by a firm mass of fibrine. The divided arteries of the mesentery were rigid and gaping. The liver appeared natural in structure. The gall-bladder was of a deep purple hue, and firm and flesh-like to the touch; on slitting it open, it was found to be filled with a firm coagulum of blood, partially adherent, the source of which was extensive ulceration of the mucous membrane of the fundus and body of the organ. The other viscera of the abdomen presented no unnatural appearance, and, unfortunately, time did not permit him to examine those of the chest and the brain. On reviewing the case, there could, he thought, be no doubt that the disease of the kidneys was of long standing. Whether it was occasioned by the condition which appeared to prevail in the arterial system, or whether both were the common result of faulty nutrition, it is not easy to decide, but he considered the latter the more probable explanation. The hæmorrhagic tendency which prevailed during the last two months of the patient's life was very remarkable.

Mr. Dunn exhibited a Placenta, which had presented in an abortion, at about the six month of pregnancy.

Considerable hæmorrhage had prevailed for two months, which, on the last occasion, was arrested by plugging the vagina with a sponge dipped in vinegar. The os uteri having become dilated, and the placenta and funis presenting, the child was delivered by turning. It was to the condition of the placenta that Mr. Dunn wished to direct the attention of the Society. The contrast between the *detached* and the *undetached* portions was most striking. While the latter was blanched, and more pale than natural, the former would be seen to be gorged with blood. The source of the hæmorrhage, in such cases, was the great point of practical importance.

Mr. Nunn exhibited a Cast of the lower part of the leg and ankles of a woman suffering from Dropsy, dependent upon Cardiac Disease.

The integument of the parts was studded with tubercles of about the size of moderately large split-peas, while the whole of the leg was œdematous, and very much distended with serum. The tubercles secreted, or rather excreted, from their surfaces, a fluid in great abundance, and it was observed that, when the discharge of this fluid was copious, the chest symptoms remained in abeyance.

The case had been subjected to a great variety of treatments by various medical men, and by some was considered to present an example of a species of Elephantiasis.

Mr. Nunn put forward the opinion, that the tubercles were the papillæ of the skin, hypertrophied and transformed into an excerning apparatus, the office of which was to rid the limb of effused fluid.

Dr. Ogier Ward related a case of sudden death, presenting some unusual post-mortem appearances.

Mrs. H., aged fifty-three, stout, but not florid, and liable to convulsive fits, had an attack resembling Angina Pectoris, while walking home. She had had an attack in church three weeks previously. Being taken to a medical man, her face was noticed to be pale, the eyes staring, the neck distended, but the veins not prominent; she complained of pain passing from her heart to her back, and gasped for breath; clear froth flowed from her mouth; she stretched herself out and died, the mouth being drawn to one side.

The medical man attempted to bleed her, but from both arms could only get a few tea-spoonfuls of thick black blood. On being laid out, her stays were found so tight that the lace could hardly be cut, but immediately this was done, the distortion of the face ceased, the left arm burst out bleeding, the blood was red and florid, and when, after great difficulty, the flow was stopped, the right arm began to bleed; previously to this a slight flush had been noticed on the cheeks, and the layer-out fancied that the woman's hand closed upon hers; the countenance also became quite placid, so that some doubts were held as to the real occurrence of death. The body was, however, placed in a coffin, where the same appearances continued undiminished, and an inquest was held upon it the second day after death, florid red blood continuing to flow during both days. After the inquest the coffin lid was laid on, which caused the cheeks to become more coloured, and a perspiration to appear upon the cheeks and forehead. The right arm was now stiff and cold, but the body had previously remained warm, and the nose and lips never became stiff; frothy mucus continued to flow from her mouth, and blood to trickle from her arms. The coffin-lid was secured and the body buried three days after the inquest.

While she lay in the surgery, the medical man listened to the heart's action, but heard no pulsations, nor were any felt by her friends subsequently.

November 18, 1848.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Mr. Canton gave a detailed account of certain morbid appearances which he had met with in the examination of the bodies of three children, two of which had been "overlain," and the third, intentionally, suffocated. Each case had been the object of judicial inquiry. The subjects were only a few months old.

Exterior of the body: Features placid; lips congested; eyes not unduly prominent; conjunctivæ rather extra-vascular; hands clenched; no blotches of ecchymosis to be anywhere detected.—

Head: Patches of effused blood, here and there, beneath the pericranium; cranial bones engorged with blood. In two cases, great congestion of the pia mater, in all its superficial extent, accompanied by numberless subjacent sanguineous extravasations, varying in size from a pin's point to a silver penny: no such effusion within the brain or its containing membranes; a little clear fluid in the ventricles. In the third case, the intracranial appearances were natural, whilst those of the skull bones and pericranium were the same as described. A little clear frothy mucus in the trachea and bronchi, with redness of their lining membrane.—*Thorax:* No fluid within, or adhesions across, the pleural cavities. Lungs much congested and crepitant, whilst beneath the visceral and reflected pleuræ, blood had been everywhere effused, presenting numerous small bright red patches, and fine points; all the blood of the substance of the lungs was *within* its vessels. The pericardium contained some serum, and was spotted in its whole extent after the manner described; the vasa vasorum of the heart's great vessels and thoracic aorta were minutely injected. In one case there was a large quantity of blood extravasated posteriorly, and especially on the left side, in the groove between the auricles and ventricles, as though the coronary vein had been ruptured; this latter point, however, was not ascertained. In this instance, too, the substance of the heart, particularly its left ventricle, was so soft as to become readily pulpy on slight pressure between the finger and thumb. The right cavities, in all the cases, were replete with dark, liquid blood; the left ones nearly empty; the tissue of the organ free from extravasation. The surface only of the thymus gland was mottled like the heart. No unnatural appearance within the abdomen. Mr. Canton inquired if any member of the Society had met with similar appearances in these cases, as those relating to the ecchymosis were not, he believed, mentioned by medico-legal authorities.

Mr. Hird exhibited a specimen of a portion of pericardium, on the right side of which was a pendent cyst, communicating with the cavity of that membrane by a slit-like opening.

The preparation was obtained from a dissecting-room subject, aged sixty-five years, and no history was attached. Six ounces and a half of fluid were contained in the pericardium and cyst together; the latter containing about six drachms. The walls of the cyst were composed of pleura externally, and serous pericardium within. The surface of the heart was rough from an old effusion of lymph, and the mitral valves presented vegetations.

Dr. Garrod read a paper "On the simultaneous Progress of Gout and Phthisis."

He was induced to bring this subject before the notice of the Society, as in a paper on phthisis, communicated during the last session, it was asserted that a gouty condition of the system or blood was inimical to the development of tubercular disease; and

it was suggested that, for the purpose of preventing or curing the latter affection, an attempt should be made to produce a gouty diathesis; and even the internal administration of urate of soda was hinted at. Dr. Garrod first spoke of some recent researches he had made on the subject of gout, and published in the last volume of the *Transactions* of the Royal Medical and Chirurgical Society, and described what he considered to constitute a gouty condition of blood—viz., the presence of an excess of uric acid, before and during the paroxysm, in acute gout; and as an almost constant accompaniment in those forms of the disease where tophaceous or chalk-like deposits take place in different parts of the body. The author then stated, that if the gouty and tubercular diathesis were antagonistic, phthisis would never become developed in the inveterate forms of gout above alluded to. To prove, however, the fallacy of the idea, the following case was related:—A young man, aged twenty-eight, a native of London, whose father and grandmother had suffered from gout, applied for relief at University College Hospital, and was admitted under the care of Dr. Williams. He was a painter by trade, and for some years had been of very intemperate habits, but until the last few years had had a sufficiency of food and clothing. From the age of seventeen, he had suffered from what he termed "rheumatism," (gout?) but had no affection of the heart with it. Formerly, he was of full habit, but about three years since he began to lose both flesh and colour, although he did not feel particularly ill, and had no cough at the time. He was soon after seized with an attack of gout, both in his feet and hands, tophaceous deposits formed, and he was confined to his bed for twenty-eight weeks. About two months after his recovery, he was again attacked, and then had a severe cough, with expectoration of a greenish hue. The pectoral symptoms continued for about four months; the gouty, two months longer. From this date until his admission into the hospital he was constantly suffering from chest affection and gout; hæmoptysis had occurred once, and deposits of urate of soda frequently came away from his joints. When admitted into the hospital, he was pallid and emaciated; complained of pain in various joints arising from gouty inflammation; also of pain in his side, cough, and expectoration of a muco-purulent character. On physical examination, clear evidence was found of the existence of tubercular deposits in both lungs, especially the left, at the apex of which, a distinct cavity was indicated by the production of pectoriloquy and cavernous respiration; during the remaining month of his life, the gouty affection continued to progress—now appearing in one part, now in another, and occasionally with the discharge of urate of soda from some of the joints. The thoracic affection also continued to advance, accompanied with hectic symptoms, increase of cough, and sharp pain in different parts of the chest, until he fell into a state of stupor, and so continued for a day or two, when death took place. The post-mortem appearances fully proved the accuracy of the diagnosis. At the apex of the right lung a cavity was found, large enough to contain

a walnut; the rest of the lung being studded with scattered tubercles in different stages of development. The apex of the left lung was excavated to the depth of four or five inches, and the remaining portion was sprinkled throughout with grey tubercles. The heart was healthy; the liver had patches of soft tuberculous deposit on its surface; the kidneys were small, and many of the tubuli filled with a white matter, consisting of crystallized urate of soda and uric acid; spleen enlarged. Mucous membrane of the colon ulcerated in patches. An examination of the blood was also made, and it was found to contain a very large amount of uric acid, larger than Dr. Garrod had ever before obtained. Some remarks were then made on other cases, in which gout and phthisis existed together; the rarity of the combination being easily accounted for by the fact, that gout in general does not appear till after the age of forty, whereas tubercular disease is much more frequent before that period. It also appeared very doubtful to the author whether, granting the correctness of the hypothesis advanced in the paper alluded to, a gouty condition of blood could be induced by the internal administration of urate of soda.

November 25, 1848.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Canton exhibited a specimen of Cancer of the Clitoris, together with portions of this deposit in various tissues of the same body.

The patient was upwards of sixty, and had suffered from the complaint for several years. The labia minora and inguinal glands were the only parts implicated, in the vicinity of the disease. The bones, generally, were brittle, and some of the ribs especially so, where masses of scirrhus, embedded in the lungs near their surface, had become adherent to them. The latter were emphysematous, and a little turbid fluid was found in the pleural sacs. The liver, kidneys, and left crus of the diaphragm were the other parts affected.

Mr. Hancock exhibited a Model of a Surgical Bed.

At the head of the bed was a windlass, by which the patient could be raised up, lying on a moveable platform, and made to assume any position required without any effort on his part. At the foot of the bed was a pivot, by which the platform could be fixed in any position; and on the under surface of the platform was a sheet divided into several pieces, so as to admit of the exposure of any part of the patient's back requiring attention. Mr. Hancock had found the bed of great service, in a case of a woman who threw herself out of a third-floor window, and had in consequence sustained a compound fracture of the thigh, and a severe laceration of the back, denuding several bones of the flesh covering them.

Dr. Webster read a paper entitled "Remarks on the Statistics, Pathology, and Treatment of Puerperal Insanity."

After a few prefatory observations in regard to the severe symptoms frequently characterizing this disease, and the anxiety it often excites amongst relatives and attendants, when they perceive the patient's mind begin to wander, or reason altogether to forsake its seat, the author entered into several elaborate yet interesting statements respecting the frequency of puerperal insanity compared with other varieties of mental disease. To illustrate this point, he stated that, in 1091 curable female patients recently attacked by insanity, and admitted into Bethlem Hospital, during the last six years, 131, or one-eighth of the whole, were puerperal cases; thus showing that the malady is not so unfrequent as many may perhaps believe. Again, as to the curability of this form of mania, more recoveries were reported than in the other varieties of lunacy; 81 puerperal patients having been cured, or at the rate of 61·83 per cent.; whereas the average recoveries during the last twenty years, in all cases of insane females treated at this institution, was 53·67 per hundred. Hence, three in every five cases of puerperal insanity may be confidently expected to get well within a year. In regard to hereditary tendency to mental disease, 51 of the 131 patients were thus predisposed, or 39 per cent.; whilst 41 were suicidal, being at the rate of 31 in every 100. Both these peculiarities are of much importance in this malady, and materially influence the disease, its progress, and result. Respecting the total deaths in the 131 puerperal patients, the author reported that they amounted to 6, or $4\frac{1}{2}$ per cent.; thus making the average rate of mortality nearly the same as in other species of insanity, taken collectively. The particulars of the fatal cases, and pathology, next occupied attention, and on this point the author stated, that three of the six patients who died were suicidal and hereditary; one was only hereditarily predisposed to insanity, but not suicidal; whilst two, it was reported, had neither of these peculiarities; and none were insane previously. In addition to these facts, the author also mentioned, that half the deaths occurred in persons who were not affected longer than fifteen days, the shortest period being eleven days; and that all were attacked by insanity within seventeen days after their confinement. In none of the dissections were any morbid changes observed in the abdomen, but the lungs always appeared to be diseased, as also the brain and its membranes. The details of an autopsy were then described, as illustrative of the diseased changes of structure frequently met with in puerperal mania; the principal morbid alterations being, turgidity of the blood-vessels of the brain and membranes; large bloody points on cutting the cerebral substance; slight serous infiltration of the pia mater, and considerable effusion of fluid into the fifth ventricle: adhesion and purulent ulceration were noticed in the left lung, with hepatization in other portions of that organ, and in the right lung partial pneumonia in the congestive stage. Although this patient had been delivered only twenty-six days prior to her death, no

corpus luteum could be discovered in either ovary, and no diseased changes of structure were noticed in the abdomen. Notwithstanding that it appeared rather a digression, the author remarked, that although gangrene of the lungs is very rare in persons carried off by bodily disease, but without any mental affection, sloughing of that organ is not unfrequently met with in lunatics. This he said from his own knowledge, and the same observation had been made by others, especially in the continental lunatic asylums. Puerperal insanity, in the author's opinion, is both more frequent and fatal in the upper than the lower classes of society; the suicidal and hereditary cases being less tractable, and more destructive to life, than the other forms of the malady. He also remarked, that the melancholic cases proved more protracted, and less curable, than the other varieties; and that, although over-lactation seemed to be a frequent cause of insanity, it is then generally very amenable to cure; and that, notwithstanding the malady may arise oftener from parturition than from lactation, it comes on, relatively speaking, in a greater number of cases after weaning than during the period of suckling. Further, that the disease more commonly attacks females from the age of twenty to thirty than at other periods; is more serious in single than in married women, mania being the most frequently observed; and that three cases in five usually occur before the fourteenth day after delivery; whilst the danger is always diminished, the later the period at which the attack comes on after parturition. That formerly, the variety of insanity now under discussion was comparatively less frequent, but that it proved more fatal than recently. That Dr. Haslam, for instance, reports that, during the time he resided at Bethlem Hospital, only 85 cases of puerperal insanity were met with in 1644 lunatic females admitted into that institution, being at the rate of five cases in every 100 admissions. Again, that Dr. Burrows records 10 deaths, besides one suicide, in 57 cases which came under his immediate observation, being more than quadruple the mortality mentioned by the author in the first part of this paper; whilst, according to Dr. Copland's experience, one out of every eight cases of puerperal mania usually terminates fatally.

Dr. Webster afterwards alluded to the treatment of puerperal insanity; and considering cerebral irritation, combined with great exhaustion of the nervous system generally, to constitute the true character of this disease, and that it rarely, if ever, proves inflammatory, he thought depletion, or the use of strong antiphlogistic measures very seldom admissible. Leeches appeared in some cases advisable; but even then they should be applied with great caution, and their effects carefully watched. As a general maxim, the author advised the same principles to be followed in the treatment of this malady as in delirium tremens, since the nature of the two diseases was somewhat analogous. Opium, camphor, ammonia, and aromatics, with some of the diffusible stimuli, proved excellent remedies, and ought to be chiefly relied upon. When opium fails to procure sleep—so beneficial in this, as indeed in every form of

insanity—then conium, hyoscyamus, or Indian hemp, may be substituted. Mild purgatives, to open the bowels, and sometimes cathartics, should be prescribed; but powerful drastic medicines are seldom advisable. Enemata also are useful, conjoined sometimes with turpentine. When the disease assumes a more chronic form, setons or issues may be made in the neck, and counter-irritation employed. The shower-bath, from its strengthening influence, then acts beneficially; whilst tonic remedies, with more nutritious food, become necessary, and prove advantageous: indeed, low diet is very often prejudicial in insane patients, and it has been long remarked in many asylums, that improved nutriment, especially in lunatics who have previously suffered privations, frequently becomes a powerful means for promoting recovery. In recent cases of puerperal insanity, when the circulation is accelerated, accompanied by evident congestion of the brain, leeches to the temples and behind the ears, or blisters, might then be applied, and afterwards cooling lotions, with ice to the head; whilst tartar emetic, or ipecacuanha, in nauseating doses, and digitalis, may be administered for the same object. Besides medical treatment, moral means, with judicious occupation and amusements, when proper for the patient, must not be overlooked, as these very often constitute effective adjuncts in the management of the insane. With the view of briefly illustrating the symptoms and treatment proper to be pursued under ordinary circumstances, the author next narrated two cases of puerperal insanity, one being affected with mania, the other with melancholia. In the first, or maniacal case, the patient, a single woman, aged twenty-one, whose child did not survive, had hereditary tendency to mental disease, but was reported as not suicidal. She was very noisy, incoherent, often much excited, frequently very wild, violent, exceedingly mischievous, used bad language, destroyed her clothes, and paid no regard to personal cleanliness. She took food voraciously, was very restless at night, and dirty in bed. Pulse generally quick, and bowels constipated. The remedies employed consisted of opening medicines, cooling saline mixtures, and croton oil, on one occasion, with regulated diet. Subsequently, bodily occupation and amusements were put in requisition, whereby the patient soon became convalescent. The second case was an example of the variety denominated melancholia. In this patient, a married woman, aged thirty, suicidal and hereditary tendency to mania existed. She was hasty in temper, but naturally cheerful. The attack commenced a month after delivery, and her child was weaned when six weeks old. She had been much debilitated by hæmorrhage after labour; appeared often very depressed and melancholic; generally very desponding of her insane state, and had attempted to injure herself. She took food very unwillingly; could not sleep at night; would scarcely remain in bed, and endeavoured to escape from her room. The pulse was of natural frequency, and the bowels regular. Early in the disease, leeches were applied once to the temples, and afterwards blisters to the neck on three occasions. Opiates and camphor were prescribed, with purgatives, especially

the compound decoction of aloes. Latterly, the cold shower-bath and tonic medicines were employed. The diet, at first light, was subsequently more nutritious, and malt liquor was allowed; by which means, and by proper occupation, conjoined with amusements, as the patient improved, she recovered. In concluding his paper, of which the above report is merely an abstract, the author made some observations respecting the employment of restraint to persons labouring under lunacy in any form. Dr. Webster was decidedly opposed to the use of any such severe measures; and said that, if improper in ordinary cases of mania, mechanical coercion was even more inapplicable to puerperal insanity, because wherever the strait-waistcoat is adopted, lest the patient might injure herself—the excuse commonly assigned by attendants—the exasperation and excitement then exhibited, appear more frequently as a consequence of, than a warrant for, such barbarous proceedings. This is found to be especially true in respect of suicidal patients, since experience amply demonstrates that the mechanical restraint of insane persons so disposed, and even of individuals who have never shown any propensity of the kind, often acts as a highly exciting cause of suicide. The degradation which even lunatics feel, when thus treated like criminals, frequently produces most injurious effects upon their weakened minds; and if the insane patient, subjected to such cruel treatment, be a female of delicate constitution, susceptible feelings, high accomplishments, and of education, the objections to strait-waistcoat, or similar mechanical means of coercion, become much stronger, as the results, in all likelihood, will prove more disastrous.

December 2, 1848.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Dr. R. C. Golding exhibited a heart taken from a young woman, a dress-maker, aged twenty-four, who died of acute pleurisy of the right side, with bronchitis. The patient had been under Dr. Golding's observation, and often treated for rheumatism by him during more than three years. Dr. Child had attended her during her last illness, and had invited Dr. Golding to the autopsy. The cardiac disease had lasted for six or seven years, its symptoms not having materially varied since she first came under Dr. Golding's care. The health of the patient, when free from rheumatism, was tolerably good; and as great caution in diet and regimen was enjoined and punctually observed, her life was prolonged, till the accession of the pleurisy and bronchitis, for which Dr. Child attended her. The physical signs indicated great hypertrophy of the heart, with double valvular disease of its left cavities. Dulness was appreciable along the lower half of the sternum, as high on the right side as the cartilage of the third rib, and on the left to the second rib. The apex of the heart was felt beating between the

seventh and eighth ribs, three inches at least more to the side than in health. The sounds were feeble; the rhythm, under ordinary circumstances, not impaired; the impulse strong; and the pulse full and bounding. There was a double murmur at the apex, and a very loud and rough diastolic sound at the upper part of the sternum, at its sides, and along the neck. The autopsy revealed great thickening of the tricuspid, mitral, and aortic valves: the two former formed perfect rings around the auriculo-ventricular openings, which must have been patent during life; the pulmonary valves were healthy; and the calibre of the aorta above the valves was much contracted. The pericardium was thickened, but nowhere adherent or unduly vascular. There was recent pleurisy of the right side, great congestion of the lungs, together with a little emphysema here and there. The gall-bladder contained a few small calculi: nothing else was noticed as irregular or morbid.

Dr. Golding considered that the heart showed clearly that rheumatism was the cause of the valvular lesion in both ventricles; that the same disease, influencing the valve in precisely the same manner, and relatively in the same degree, existed in both tricuspid and mitral valves; and that the perfect rings formed by the adhesion from inflammation of the divisions of the valves respectively, (together with the thickening, shortening, and adhesion of their chordæ tendineæ,) must have been attended, during life, with permanent patency of their orifices.

Dr. Wm. Merriman narrated a case, which presented many symptoms of laceration or rupture of the uterus.

A woman, aged twenty-eight, in labour of her third child, was found with the os uteri fully dilated, the bag of membranes dilating the vagina, and the vertex presenting over the pubis. The membranes having speedily ruptured, the head descended, but not so as to occupy the whole brim of the pelvis; on the contrary, very violent pains drove it rather against the pubis and fore part of the vagina. After an hour's duration of unusual suffering, chloroform was exhibited for two hours, in hopes of mitigating the suffering, while the pains propelled the head gradually downwards; but this not ensuing, three doses of ergot were given, without any pains succeeding. Vomiting and tenderness of the abdomen came on about this time, to relieve which the patient had forty minims of laudanum. After some hours, it was found that the head had been completely retracted, and the constitutional disturbance still continuing, Dr. Chowne's advice was sought, and the woman was delivered by turning, twelve hours after the cessation of the pains. The child lay very high up, yet still within the uterus, and the hand was first reached. The child was, however, dead; the uterus contracted well. By careful watching, the patient had very much recovered, and Dr. Merriman had considerable hopes of her complete recovery, ten days having elapsed since the labour.